

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.  
EDITORS.

## THE MASS MEETING AND ASSOCIATION OF COLLEGES AT ATLANTA.

At the last meeting of the American Medical College Association, at Buffalo, Professor Gross presented a preamble and resolutions calling the various medical schools of the country together in a general mass meeting, to consider the present wants of medical education, and determine on proper reforms. That the meeting may be representative in its character, each college is requested to send two delegates—one representing its faculty, the other its governing board. The time fixed for the meeting of this body is Friday, May 2d (a few days before the meeting of the American Medical College Association), and the place is at Atlanta.

The exact uses of this "mass meeting" beyond those of the regular Association of Colleges, which meets in Atlanta upon the 4th of May, does not strikingly appear; but probably the fences are thrown down upon this occasion, that those who heretofore have considered themselves too lofty to enter the college league, and those whom the college league held as too lowly for fellowship, may come together for council. The object of the mass meeting, says the president, N. S. Davis, is to adopt some uniform system of instruction more in harmony with the requirements of the age. Among the questions appropriate for discussion and decision may be mentioned, "Shall the colleges require attendance on three regular courses of lectures during three separate years before

admitting students to become candidates for the degree of M. D.?" "Is any uniform system possible in this or other things," etc. Dr. Davis very justly adds: "Each doctor in the land doubtless has in his mind an ideal medical-college system; but this convention can not act upon idealities; it can only act upon that which is practicable to all honest and efficient medical schools."

The schools of Louisville will be represented at the mass meeting fully accredited for action, and we trust that the same may be the case with the schools elsewhere, that the mass meeting may have every chance for success.

But whatever may be the fate of the mass meeting, the American Medical College Association has demonstrated, during the three years of its existence, not only its living but its growing capacity. It has survived the shocks of hatred and interest from the enemies of education without, and even the jealousies of those who didn't start it among the friends within, and it stands to-day one of the most important bodies before the American medical profession. We are inclined to put it foremost. The work of the Medical Association is chiefly of a social character, and all its efforts at reform have dropped to the ground; but the College Association has a work before it no less than the purification of the future profession, and it gives promise of power to grapple with the work.

An important crisis has now come in its history. The period is close at hand when, according to programme, the standard of requirements for medical graduation is to be enlarged. It is possible also that discipline

may be invoked in serious breaches of the law, and we are to see how the body stands the strain.

We trust that the Association will dodge no responsibility in the matters before it. The evil-doers stand in a most wholesome fear of it, though of course they are going to give all the trouble they can. The Association must allow no voluntary withdrawals while under the cloud of charges. It must bend evil-doers to the law, or break them.

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FOR MEMBERS OF THE BOARD OF HEALTH.—Dr. George W. Griffiths nominated Drs. John A. Ochterlony, A. B. Cook, and W. H. Long. Mr. Bickel nominated Mr. Charles Sauder. Mr. Godshaw stated that Dr. Griffiths had gone to a great deal of trouble to induce the gentlemen nominated by him to allow their names to be used, and insisted that they were the men for the place, and asked Mr. Bickel to withdraw the name of Dr. Sauder. This Mr. Bickel refused to do, and the vote was taken with the following result: Dr. Ochterlony, 22 votes; Dr. Cook, 23 votes; Dr. Long, 20 votes; Dr. Sauder, 24 votes. The chair announced that Drs. Ochterlony, Cook, and Sauder, having received the majority of votes, were duly elected members of the board of health for one year.  
—*Extract from proceedings of City Council.*

It may be remembered that we expressed the opinion in a former issue of this journal that of course no respectable physician would think of accepting a position on the present Board of Health of Louisville. The vacancies made by the very proper resignations of Drs. Larrabee, Doherty, and Trunnell, we see, are now filled by the gentlemen named in the above extract. It seems that either we or they are wrong in the supposition that we formerly put forth. We do not find the names of the newly-elected members among those of the one hundred and twenty-two physicians who signed the petition to the council a few weeks ago, and exhibited a corresponding unanimity of feeling upon the matter in which they were concerned, and we think it is a pretty bad showing for men who have the honor and dignity of their profession at heart to be in the small minority of a possible dozen or so, against the overwhelming majority of their brethren

upon a point of this kind, so much so, in fact, that we must consider there were very strong motives to induce them to take the step and accept the obloquy of the situation.

Dr. Sauder has always occupied a position so thoroughly in accord with the best interests of his profession that we are slow to believe that he will, on sober reflection, lend himself to any scheme which, like the present health board, is aimed at injuring its usefulness.

Our heartfelt sympathies go out to Dr. Long. To think that after "Dr. Griffiths had gone to a great deal of trouble" to induce him "to allow his name to be used," and when he stood ready from within the fortress of a United States marine hospital to brave the displeasure of the profession of Louisville, to think that then an unappreciative council rejected him. But Dr. Long should remember that as a marine hospitaler he must necessarily be a quarantiner, and neither the railroads of Louisville nor their council, nor indeed do we, want a committed quarantiner in the board of health.

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### Original.

#### DEXTRO-QUININE.

BY W. H. GALT, M. D.

The desire to find a substitute for the sulphate of quinine among the cheaper salts of bark has been universally felt in all regions where miasmatic diseases prevail. In accordance with this desire I have tried cinchonidia, cinchonia, quinoidine, and cinchoquinine. The results of their administration have in some cases been good, but in the long run have not been so satisfactory as to induce me to abandon the old, tried friend, the sulphate of quinine. In fact, I confess I could not get up the required faith in any other salt. It is said that the Tahitians are readily converted to the Christian faith, and seem to enter with zeal into the forms of Christian worship. But when in great strait, "when they mean business," their prayers

are all addressed to the old shark god of their fathers. No doubt my case is parallel with theirs, and I am slow to perceive the efficacy of any appeal except to my old shark, quinine.

I was much pleased with the tasteless preparation of cinchonidia with sugar of milk and bicarbonate of soda. The first three cases in which I used it were cases of intermittent fever in children, in which the result was every thing that could be desired. It was easily taken, and promptly subdued the paroxysm. In four following cases, however, I was disappointed in finding that the gastric irritation produced by it was so severe that I have not used it since. After this I concluded to make no more experiments with them.

Some months ago I received from Keasbey & Mattison two small vials of a new preparation from the bark, called *dextro*-quinine, because, under the polariscope, it gyrated to the right. What was the therapeutic value of this gyration I did not see. It was an amorphous salt of reddish-brown color, totally unlike any of the alkaloids with which I was familiar, and I made up my mind that I would not try it. In a day or two afterward I had a slight chill, followed by a pretty severe fever, which lasted several hours, and passed off with a profuse perspiration. As quinine always affects me most disagreeably, I determined to try the new salt in my own person. I took six grains every three hours, until I had taken all of the eighteen grains which had been left with me. Except a slight sense of fullness in the head, I had none of the usual sensations which accompany the other salts of bark, no nervous tremulousness and no tinnitus aurium. Although the quantity taken seemed hardly sufficient to prevent a return of the paroxysm, I have never had a return.

The results of this experiment on myself seemed to justify my use of it with my patients. I have kept a record of seventeen cases in which I used it, and in all but one with perfect success. In this case the patient knew that it was a substitute for the sulphate of quinine which I was using, and as none of the usual phenomena which follow its administration occurred, he lost faith, and substituted some pills of quinine which he had in the house. As there is such a monotony in the report of cases of malarial fever, I spare your readers a formal report of each case, one very like the other, with two exceptions. One, a case in which the sulphate of quinine invariably induced urti-

caria of such severity as almost to deter the patient from taking it. In this case some urticaria did appear, but nothing to compare in severity with that which followed the sulphate. The other was a case of double quotidian, which only yielded after using pretty heroic doses.

Although this is not a sufficient number of cases to make it appear that we can discard our old and tried remedy, the sulphate, the results were so certain and unvarying as to convince me that in the *dextro*-quinine we have a most valuable addition to our armamentarium. It strikes me that the absence of the disagreeable effects of quinine is a great desideratum, which, with its cheapness, should recommend it to the profession. The cases in which I have used it were all of simple, uncomplicated malarial fever, and do not furnish evidence that it possesses the antipyretic power which the sulphate of quinine exercises in typhoid fever, in pneumonia, and the zymotic diseases. I feel justified, by the similarity of its effects to quinine in the cases in which I used it, to feel some degree of certainty that it will not disappoint us in all diseases in which the sulphate of quinine is used. After further use I will report the results, and hope that the profession will give it a fair trial. I also hope that the experience of others will be given through the News, so that by a comparison of views we may find the true value of this new salt. I would state that with adults the usual form of administration was in pills, while with children I usually gave it suspended in the compound elixir of liquorice. The dose was usually the same as that of quinine.

LOUISVILLE.

## Correspondence.

### TWIN-LABOR.

To the Editors of the Louisville Medical News:

Was called to see Mrs. McC., aged about twenty-seven, of great physical vigor, whose labors heretofore had been short and easy (this being her third pregnancy), to find that she had been delivered of a well-developed male child nine hours previously, the labor being so hurried as to make it impossible for a medical attendant to be present. The midwife became alarmed in consequence of the after-birth not coming away, and sent for me. When I arrived I found that the patient had had no pains since the birth of

the child. Palpation over the uterus externally and a digital examination convinced me perfectly that there was another fetus in utero, because the head, which was presenting, could be distinctly touched. The lady being in good condition, the parts cool and moist, I determined to rely on the "tincture of time," and waited twenty-four hours. At the expiration of which time, nature having made no effort, patient becoming restless, parts hot, dry, and tender, emitting a scanty but offensive discharge, pulse 120, and temperature considerably elevated, I considered it unwise to wait longer, and after having anæsthetized the patient (it being necessary on account of the sensitiveness of the parts), we (a medical friend having been called to assist) proceeded to introduce the hand, and, if possible, to turn and deliver; but was unable to pass the hand beyond the presenting head, which was covered with an unyielding membrane. The effect of this manual interference was to excite uterine contractions, which were too feeble, however, to bring about the delivery; the pains ceasing entirely after a few hours, notwithstanding the fluid extract of ergot (Squibb's) was administered in dram doses every half hour.

The woman by this time being greatly prostrated, we concluded, after consultation, to place her under the influence of whisky and quinia, and accordingly gave her half an ounce of the former with five grains of the latter every hour. Six hours after the administration of the first portion she was delivered of another fully-developed living male child. The secundines followed almost immediately, two placentæ existing, partially connected. The case was complicated with slight hemorrhage. Patient was given a full dose of morphia to overcome nervous shock and insure perfect quiet. In a few hours we left the mother and two boys doing well.

We report this case to show how greatly the accoucheur may rely upon whisky and quinia, and how little upon ergot.

GREENVILLE, KY. J. G. BOHANNON, M. D.

## RHEUMATISM COMPLICATED WITH CHOREA

*To the Editors of the Louisville Medical News:*

On February 24th I was called to Miss —; found her with a coated tongue, some fever, and general malaise. She was, however, going to school, and had deceived her mother as to the extent of her indisposition, for fear of being stopped from her studies. Her

symptoms seeming to indicate it, I gave her calomel and quinia, but without benefit. On the following day the disease was well developed, the joints being swelled, and what had seemed a malarial fever turned out to be inflammatory rheumatism. She was at once put upon acetate and bicarbonate of potash until her secretions became alkaline. This treatment was continued for a week, the joints being well rubbed with a stimulant anodyne liniment. The swelling now almost entirely disappeared. I have never seen another case in which so many joints were affected, it being well-nigh universal. The spinal column and sternum were both affected. The patient failing to improve rapidly after the first week, I put her upon full doses of salicylic acid for two days, but without good result. I then called in Dr. Harrod, of Canton. Her pulse from the beginning ranged from 120 to 160; temperature from 102° to 103°. Tincture of aconite was given to control the pulse, which it entirely failed to do. We then gave her tincture of veratrum together with chlorate of potash and soda. Next morning she was no better; in fact her condition was considered hopeless. Observing her working her fingers and occasionally tossing her arms about, she was asked why she did so; to which she replied, "My joints feel very stiff, and I want to limber them." The next day she was in constant motion, never quiet for an instant; and never slept for four days and nights, except under the influence of chloroform. Her tossing was so violent that it required several strong nurses to keep her in bed. She appeared to be rational all the time up to the last day, except when first aroused from sleep, when she was a little flighty. She talked perpetually after the chorea set in, till she was so entirely exhausted that she could not talk. She frothed at the mouth like a person with hydrophobia, and continually snapped her jaws together.

About the sixth day the tongue peeled off, and assumed a deep red and glazed appearance. After the swelling of the joints disappeared, when asked if she suffered pain, she invariably answered in the negative. The day before she died she sang the words of three verses of music, and then asked if they wanted the notes sung, which she also gave by memory. Her urine during her sickness was abundant, but high colored. She was sixteen years of age, and had menstruated regularly for some time. She died at the end of two weeks.

A. N. SPURGEON, M. D.  
SOUTH BOSTON, IND.



*Dr. E. A. Perkins, Lawtonville, Ga.:*

. . . As to the treatment of pneumonia, of which you ask me to give my opinion in the MEDICAL NEWS, I think it is well established that we have nothing like a specific for it, and the expectant plan of treatment has produced as good results as any other. I do not like the arterial sedatives. I have seen blood-letting do good in some cases. The tartar-emetie treatment I think is dangerous. Small blisters are of service, if there be much pain. I use poultices, large and hot. Most of my cases require quinia sooner or later. Opium I use where pain or insomnia require it. Purgatives I never give in pneumonia. I consider them injurious. I usually give carbonate of ammonia; but rather as a placebo than otherwise, for I am not certain that I have ever seen it do any good. If the cough is dry, I give nauseant expectorants. I use stimulants if they seem to be indicated. Milk is the best nourishment. Should the patient desire any other form of food, it is allowed. If the patient has a sound constitution, is not depressed by malaria, alcohol, or other cause, and is not very old or very young, recovery is quite certain. The former great mortality in pneumonia I am convinced was largely due to the treatment. Pneumonia is not so serious a disease in Louisville as I found it during my six-years' sojourn in the Gulf States. In the C. S. army it was very fatal, owing to the physical condition and the unfavorable surroundings of our soldiers. I believe pneumonia and pleurisy are sometimes of rheumatic origin, and in such cases salicylic acid is the remedy.

L. P. Y.

### Books and Pamphlets.

**THE MEDICAL HERALD.**—The following is extracted from the prospectus of the Medical Herald:

The Medical Herald will be issued from the job-rooms of the Courier-Journal on the 1st of May, and on the 1st of every month thereafter. It is to be a forty-eight-paged double-column octavo, and is designed to represent every department of practical medicine and surgery. The journal will be divided into departments representing general medicine and surgery, and each of the several specialties. An experienced corps of contributors will supply information upon the very latest advances in every branch of practice. It will be the constant aim of its editor to make the Herald a necessity to every practitioner who wishes to be posted in progressive medicine. The editor hopes to be successful in his attempt to supply such fresh and original matter of popular va-

riety as to create a demand for the Herald, and nothing but disease or death can prevent the publication from making its regular monthly appearance for at least a year.

All communications must be addressed to Dudley S. Reynolds, M. D., editor and proprietor, 242 Fifth Avenue, Louisville, Ky.

**MATERNAL IMPRESSIONS; MOTHER'S MARKS.** An Exposé of a Popular Fallacy. By Roswell Park, A.M., M.D., Demonstrator of Anatomy in Chicago Medical College, etc. Reprinted from the Southern Clinic of February, 1879. Richmond, Va.: Whittet and Shepperson, printers. 1879.

**THE THERAPEUTIC VALUE OF ERGOT.** By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Ind. Reprint from the Detroit Lancet, March, 1879.

### Miscellany.

**THE FEVER ON THE U. S. MAN-OF-WAR PLYMOUTH.**—The Surgeon-general of the U. S. Navy has furnished the following facts in regard to the recent outbreak of yellow fever on the U. S. steamer Plymouth: On the 7th November last, four cases of yellow fever occurred on board the vessel while lying in the harbor of Santa Cruz; these were removed to hospital on shore and the ship sailed for Norfolk. Three mild cases occurred during the voyage, and the Plymouth was ordered to Portsmouth, N. H., thence to Boston. At the latter port everything was removed from the ship, and all parts of the interior freely exposed to a temperature which frequently fell below zero, the exposure continuing for more than a month. During this time the water in the tanks, bilges, and in vessels placed in the store-rooms was frozen. One hundred pounds of sulphur was burned below decks, this fumigation continuing for two days, and the berths, decks, holds, and store-rooms were thoroughly whitewashed. On March 15th the ship sailed from Boston southward. On the 19th, during a severe gale, the hatches had to be battened down, and the berth-deck became very close and damp. On the 23d two men showed decided symptoms of yellow fever, and on the recommendation of the surgeon, the vessel was headed northward. The sick men were isolated, and measures adopted for improving the hygienic condition of the vessel and crew. The surgeon reported that he believed the infection to be confined to the hull of the ship, especially to the unsound wood about the berth-deck, all the cases but one having occurred

within a limited area; and that while the Plymouth is in good sanitary condition for service in temperate climates, should she be sent to a tropical station, probably no precautionary measures whatever would avail to prevent an outbreak of yellow fever.

J. B. HAMILTON,

*Surgeon-general U. S. Marine Hospital Service.*

**THE AMENDE.**—Whereas, the LOUISVILLE MEDICAL NEWS, in its issue of April 5th, did say that "the public press of Louisville, with an unanimity co-extensive with the city printing," did sustain the council in its iniquitous action in its sale of the health office to private interests; and whereas, the Louisville Courier-Journal, in its issue of April 11th, did say to the Council of Louisville, "Go to thunder with your printing; we don't want it except at our own price" (or words to that effect); now therefore it must be evident to every gentlemanly medical journal that our esteemed though eccentric contemporary could not have been influenced in its action by the unworthy motives ascribed to it; and so far as it was included in the words "public press of Louisville," the same is now at the first opportunity cheerfully—we might say even hilariously—withdrawn. And we may add the wish that the cloud which must have hovered over the prosperity of our aforementioned demented-on-the-health-office-question contemporary during the withdrawal of our favor may scatter before our present approving smiles. And may we also take this occasion to commend the action of an organ of the profane and vulgar world to many of our saintly brethren of the medical press, who, in spite of silly airs and printed rates, seem to take whatever is offered them for their advertising pages. The NEWS has had but one price from the beginning, and it has redounded much to the profit of its patrons and itself, as well as to its self-respect and the esteem of its many friends.

**PHOSPHORESCENT MEAT.**—A very striking example of this interesting and relatively rare phenomenon is recorded by Dr. Nuesch in the *Mittheilungen der Naturf. Gesellschaft in Bern*, 1878. Hearing one evening a cry of alarm issuing from the pantry, he hastened thither, and saw, to his astonishment, that about a dozen of pork-chops, which were lying in a dish, were illuminating the whole place with a greenish light, which was so strong that the features of the persons who stood by could be clearly distinguished, and

also the minutes and seconds on the face of a watch. On being examined under the microscope, the surface of the chops was found to be covered with a number of minute bacteria, of various forms and sizes, which were phosphorescent; some of them remained motionless, while others moved about in various directions. The meat was not bad, nor had it any peculiar smell. The butcher having been questioned on the subject, said that for several weeks all the meat, even the beef which he kept in his shop, which was very clean, had been phosphorescent. The author went to the place and convinced himself that one half of the slaughtered oxen, cows, and pigs were most brilliantly phosphorescent, especially on the line between the fat meat and the lean. The brilliant mass spread more and more over the pieces of meat, and could be removed with a knife to other portions of the bodies; if the latter were fresh, the phosphorescent mass was quickly increased. As soon as putrefaction set in the brilliancy entirely disappeared; and the same thing happened when sulphurous, carbolic, or salicylic acid, or alcohol was added to the preparation. In the butcher's shop the phenomenon lasted from Easter to Whitsuntide, as long as the mean temperature did not rise beyond 50 deg. Fahr. Its disappearance may have been owing either to the rise in the temperature or to the vapors of the carbolic acid and other disinfectants which were used. The same phenomenon has been met with occasionally before: in 1592, at Padua, where it was described by Fabricius ab Aquapendente; once in Austria, and a third time, in 1868, in Bern, and in Heidelberg in the dissecting-room of the university.—*British Med. Jour.*

**HEREDITARY VIOLENCE.**—It seems to be the fate of the Elliots as well as of the Alstons to die "with their boots on." One brother was shot and killed in battle; one of the brothers killed another; another brother blew out his own brains in a fit of insanity; and now the last brother, Judge Elliott, has been slain on the street. The family tradition of violence is that the father killed a man.—*The Age.*

**DYSPAREUNIA AND CONCEPTION.**—Dr. A. F. Kinne reports a case, in the American Practitioner of March, of a woman whose vagina was no larger than a test-tube, three eighths of an inch in diameter, and yet she conceived. Sexual connection was of course impossible.

**THE GRAPHIC ON LADY-DOCTORS.**—Our artistic and generally sensible contemporary, the Graphic, exults in the proposal of a final adjustment of the lady-doctor question by the measure to amend the medical acts which has been introduced into the House of Lords by the Duke of Richmond. We are warned that if "those who have hitherto monopolized the calling will not soon give up the opposition, there is some danger that their obstinacy will be set down to some rather less lofty motive than a disinterested regard for the public well-being." This is a terrible threat; but how is the medical profession to protect itself from the impending evil? Women have deserted their legitimate province as nurses and ministering attendants on the sick, and with unfeminine feeling desire to obtrude into the domain of men as practitioners of an art which in its training and following often overpower even masculine sensibilities. It is not in our power to prevent the inroad, although we feel that in opposing the craze we should be doing womankind a high service. Nevertheless, we can not waver on matters of principle. If there are to be "lady-doctors," the creation of the weird sisterhood must be the work of its own misdirected enterprise; we can neither aid the monstrous mistake of policy, nor cease to warn womanly women against its adoption.—*London Lancet.*

**A CRUEL JUDGE.**—Mr. Millerchip, a public medical officer, of Coventry, England, was lately condemned by a justice to four months' imprisonment with hard labor on the charge of manslaughter. The medical gentleman was sent for a number of times to see a feeble child, ill with diarrhea. For some reason he failed to attend. The child was attacked on the 19th; the doctor was called on the 21st. On the 25th the doctor went, but the child was dead. The testimony was conflicting. The jury found the prisoner guilty, but made a strong recommendation for mercy. The course of the judge was certainly extraordinary. Such a verdict and such a sentence would have been impossible in America.

**OVARITIS.**—It has of late years frequently been decided to spay women in this disease, and many cases of the operation are recorded. That operation is still *sub judice*. Most gynecologists say that it is condemned already, but upon it I reserve my opinion.—*J. Mattheus Duncan, M. D., in Med. Times and Gazette.*

**EDUCATION FOR THE KITCHEN.**—The next great step must be to do something for the art of cookery; and the friends of genuine social improvement may congratulate themselves that the progress of education is beginning to take effect on this important department of domestic life. Cooking-schools are springing up in many places in this country and England, and the English are taking the lead in organizing them as a part of their national and common-school system. Of the importance, the imperative necessity, of this movement there can not be the slightest question. Our kitchens, as is perfectly notorious, are the fortified intrenchments of ignorance, prejudice, irrational habits, rule-of-thumb, and mental vacuity; and the result is that the Americans are liable to the reproach of suffering beyond any other people from wasteful, unpalatable, unhealthful, and monotonous cookery. Considering our resources, and the vaunted education and intelligence of American women, this reproach is just. Our kitchens are in fact almost abandoned to the control of low Irish, stupid negroes, and raw servile menials that pour in upon us from various foreign countries. We profess to believe in the potency of education, and are applying it to all other interests and industries, excepting only that fundamental art of the preparation and use of food to sustain life, which involves more of economy, enjoyment, health, spirits, and the power of effective labor than any other subject that is formally studied in the schools. We abound in female seminaries and female colleges, high schools and normal schools, supported by burdensome taxes, in which every thing under heaven is studied except that practical art which is a daily and vital necessity in all the households of the land.—*Prof. Youmans, in Popular Science Monthly.*

**CHOLERA IN PALITANA.**—It is reported by a native paper that cholera of a virulent type is raging in Palitana. Since January 15th as many as one hundred and fifty deaths have, it is said, taken place daily. The son of the Chief of Jusdan, who was invited by the Palitana Thakore to the recent marriage festivities, fell a victim to the disease. Has the overcrowding consequent upon these festivities had any thing to do with the outbreak of this "filth-disease?"—*British Med. Jour., March 22d.*

IN 1606 Roman Catholics were prohibited in England "from practicing physic or exercising the trade of apothecaries."

**THE FEARFUL PLAGUE OF CEARÁ, SOUTH AMERICA.**—The scene of these disasters is the region known as the Sertao, and the portion of this region which has suffered most is the maritime province of Ceará. Its population was estimated at nine hundred thousand at the end of 1876, but at the end of 1878 was reduced to four hundred thousand, and was then being still further diminished by disease. In the other portions of the Sertao the number of deaths from famine and consequent diseases was more than three hundred thousand. Over one hundred and fifty thousand strangers were at one time bivouacked outside Fortaleza, whose usual population is about twenty-five thousand. Upward of two hundred a day were dying there in May last; and as disease increased among them in the shape of fevers, cholera, yellow fever, and at last small-pox, the number of deaths reached to over one thousand on one day, the 10th of December last. Finally a black-spotted disease has appeared, from which those attacked die in a few hours.—*Corresp. N. Y. Herald.*

**PICTURES FROM THE PARISIAN HOSPITAL.**—Professor (who has his class in the wards) to patient: "What is your occupation?" Patient (who has pulmonary disease): "Musician, sir." Professor, to class: "There, gentlemen, at last I have the opportunity of demonstrating what I have often told you in the lecture-room, that the wear and tear on the respiratory tract caused by the blowing of musical instruments is a fertile source of just such difficulty as our patient here labors under. (To patient) What instrument do you play, sir?" Patient: "The bass drum!"—*Chicago Medical Journal and Examiner.*

**SANITARY CONDITION OF RUSSIA.**—The *Journal de St. Petersburg* publishes a brief summary of the report of the Medical Department of the Ministry of the Interior for 1877, which to some extent discloses the sanitary condition of Russia; moreover, it assists toward explaining the spread of the plague. The country, it will be remembered, is entirely agricultural, there being but two or three great towns, in our sense of the word; yet the mortality for the empire, with its eighty millions of people, averaged 32.5 per thousand; that is to say, was equal to that of the unhealthiest and most crowded cities of other lands. In the province of Perm the death-rate reached 50.7 per thousand, in that of Viatka 45.9, and in that of

Moscow 43.7. Small-pox, typhus fever, and diphtheria were the most fatal maladies. In several parts of the empire typhus was epidemic and very destructive. The plague, too, had made its appearance in 1877, although Western Europe heard nothing of it.—*Med. Times and Gazette.*

A RAILROAD conductor combats the current hallucination that the coming generation of Americans will be puny and sickly. His experience of many years convinces him that the contrary is the case, and that the average American child of "under twelve" who travels on a half-fare ticket is as large as a boy or girl of fifteen or sixteen used to be in ante-railroad days.

**AMBITION.**—A medical-class valedictorian thus tamely alludes to the naughty thing: "Napoleon, who bathed the fetlocks of his war-horse in the blood of his countrymen, flung the silken folds of his banner to the breeze on the cloud-capped summit of the Alps, faced unflinchingly the burning sands of the desert, and flashed back the sunbeams from his victorious falchion at the foot of the grand pyramids of Egypt—even Napoleon was a prey to this ambition. Upon the blood-stained field of Waterloo the star of his glory went down in blood, and he died an exile on the rock-bound shore of Helena. Then, my comrades, shun its baneful influence as you would the blistering dew upon the deadly upas."

**THE "BUSY PRACTITIONER" A FRAUD: VERY TRUE, SADLY TRUE.**—To that professional fraud, "the busy practitioner," it is useless. The latter never reads any thing of heavier caliber than Braithwaite's *Retrospect*, eschews all articles longer than half a page, detests pathology, and studies not at all. "The busy practitioner" never will spend money upon mere books. When he wants to see what "the books say," he usually borrows them from his more studious neighbors, and sometimes is "too busy" to return them.—*Dr. J. A. Ockerlony, in American Practitioner of March.*

**AN UNPROFITABLE PHYSICIAN.**—In the Court of Queen's Bench, a pompous witness, wishing to convince Lord Ellenborough of his importance, said, "My lord, I sometimes employ myself as a doctor." "Very likely, sir," said his lordship drily; "but is any body else fool enough to employ you in that capacity?"



## Selections.

**Aconite in the Treatment of Acute Inflammation.**—We make the following extracts from Mr. James S. Spark's article in *London Practitioner* of March:

... There are many inflammatory affections where its effects are literally marvelous, not only from the efficacy, but also from the rapidity of its action. The most remarkable as well as the most valuable effect of aconite is its power of *aborting* inflammatory action, if prescribed sufficiently early. I say the most valuable, because although it is a great matter to be able to control inflammation, it is of much greater importance to be able to arrest or prevent it. . . .

The first disease to which I direct your attention as to the abortive power of aconite is pneumonia. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but of course the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. The pain frequently begins to subside from the first, the skin becomes moist, the breathing more natural, and the patient appreciably better and more comfortable after each dose. I have used it frequently both in children and adults, and have never seen it fail to produce most satisfactory results. The dose I have generally employed for an adult is five minims (Fleming's Tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated from any cause, it must be prescribed cautiously, as I have seen it cause considerable alarm by producing delirium, nor are the beneficial effects of the drug any more, if so much, seen when it acts too powerfully. . . .

In cynanche tonsillaris I have found it exceedingly useful, both as an abortive and as a controlling or modifying agent. If properly administered during the inflammatory stage it will seldom fail to cut the attack short, and, if given at the very beginning, to abort it. If duly administered it not only cuts short the present attack but after a time it seems to reduce or remove the liability to quinsy in persons subject to periodical attacks of it. It would take a considerable deal of evidence to establish this last fact, but I have seen it sufficiently often to warrant my referring to it. Ringer says that the good effects of it in the catarrhal form of croup are as conspicuous as in quinsy. Its use in fevers, especially in those of an inflammatory character, has been found very advantageous. It reduces the temperature and produces a very soothing effect from its action on the skin. . . . There is no doubt of its efficacy in erysipelas, especially in that form which is occasionally consequent upon vaccination, which I have seen it cut short in a few hours. There was a case lately quoted in the *Practitioner* where its administration in frequently-repeated doses aborted milk abscess in twenty-four hours.

We have no better illustration of the efficacy and rapidity of the action of aconite than in common cold, "cold all through one," or "cold in the bones," as it is variously popularly described, when one feels as if he had been put "through a thrashing mill." Ringer states that one or two drops taken at bedtime will enable a person in such a state to rise quite well in the morning; and certainly in the doses I have mentioned it affords very speedy relief. It relieves that disagreeable affection, ringing in the ears, in

many cases after a dose or two, and is said also to remove earache. In the acute stage of gonorrhea, when there is much pain and uneasiness, it affords marked relief.

There is one precaution in the use of it. It is contraindicated in inflammatory affections where the temperature of the body is not above natural.

**Conchinin seu Quinidine.**—From careful observations made in Professor Wagner's Clinic at Leipsic, Dr. Adolph Strumbell recommends quinidine as a surrogate for quinine. This alkaloid is isomeric with quinine. Pasteur gave it the name of quinidine in 1853; and in 1868 O. Hesse proposed that of "conchinin," owing to the adulteration of the commercial quinidine in the German market with cinchonidine. Conchinin or quinidine is employed in medicine as the sulphate, which crystallizes in long shining prisms. It is soluble in chloroform, alcohol, and hot water, but soluble with difficulty in cold water. Its purity is tested by dissolving one part of the sulphate in twenty parts warm water, adding one part iodide potassium, and filtering after cooling. If pure, ammonia gives no precipitate or cloudiness when added to the filtrate. Wunderlich appears to have been the first to make therapeutical experiments with quinidine in 1855; and he declared that "its effects were almost identical with those of quinine." For some reason or other, however, he gave it up, and for the last ten years it has not been used in the hospital at Leipsic.—*Medical Times and Gazette*.

**The Evils of Smoking in Early Youth.**—It appears that the German Government has seriously taken this matter in hand, as smoking is practiced to a great excess by the youth of that country, so that it has been considered to have damaged their constitution, and incapacitated them for the defense of their country. In certain towns in Germany the police have had orders to forbid all lads under sixteen years of age to smoke in the streets, and to punish the offense by fine and imprisonment. Moreover a Belgian physician has found, during a journey of observation and inquiry, made at the request of the Belgian Government, that the too general and excessive use of tobacco is the main cause of color-blindness, an affection which is occasioning increasing anxiety, both in Belgium and Germany, from its influence upon railway and other accidents, and also upon military inefficiency.—*Med. Press and Circular*. [There is much truth in these statements concerning the injuriousness of tobacco to youths. Women next to children are most hurt by tobacco.—*Eds.*]

**The Yellow-fever Germ.**—Dr. Johnson, in discussing this question at the St. Louis Medical Society, said: "Dr. Hughes has assumed, as many of the profession have assumed, that yellow fever depends upon some living germ. What germ? If the doctor will demonstrate this germ then we can see the remedy. Dr. Bemiss has telegraphed that he is of the opinion that it is imported. Just think of an educated physician telegraphing all over the country that he is going forth to investigate yellow fever, and announces it is of importation. Now is it not humiliating that Dr. Bemiss would place himself in such position. It is a germ that will develop in the higher regions intermittent fever, in the American bottom swamp fever, and in the cotton regions yellow fever."

**Guinea-worm Disease.**—The patient, a young lady, had returned from India eleven months, and remained for eight months in good health. The first indication of any disorder about her was the development on the outer side of one foot of what seemed to be at the onset a boil, attended by considerable itching. Instead, however, of its suppurating in the usual way, a distinct white blister formed, which was pricked several times, a certain amount of watery fluid escaping. The part around the apparent boil became swollen and somewhat livid in color. The patient says a doctor took off a piece of "proud flesh" about a month or five weeks since the size of a shilling, which looked like a piece of "core" (this being probably the dried wall of the bleb), and the sore then began to discharge, water dressing having been used. For a day or two afterward the foot became very painful, especially at night, and on looking at the foot one morning the patient saw what appeared to be a little piece of white thread or worsted, about half an inch in length, projecting from the center of the wound, and moving about. This the patient cut off, repeating the like operation day by day, for six or seven days, the worm protruding a little more each day. At this stage Dr. Deane saw the case, and managed with care to wind the whole worm out in a few days. On October 1st an inflammatory blush, some swelling and tenderness developed themselves in the center of the sole of the foot, but they shifted their seat in four days to the inner side of the foot, just below the ankle, and, indeed, the condition was like that of a threatening abscess. This was the day I first saw the case. The old wound on the outer side of the foot had practically healed, and it could not be doubted that one worm had been extracted and we had to do with a second. The whole inner side of the foot was painful and swollen, especially over an area of the size of the palm of the hand, involving the region of the ankle and the parts below for some way on to the sole of the foot. At the lowest part of the red infiltrated and painful swelling was a circular livid spot the size of a shilling, bounded by a loose edging of cuticle, and the center of which seemed inclined to point, assuming the aspect of a little *bouton* the size of a split pea. Five days afterward, *i. e.* on October 10, the worm had extruded itself to the extent of an inch and a half, and the day afterward it was found in a poultice which had been applied over night. It measured twenty-three inches and a half in length. After this the patient did well.—*Tilbury Fox, M. D., in London Lancet, March 8.*

**Abortion—Hemorrhage—Injection of Perchloride of Iron.**—I received a hasty summons to attend a lady. She had been carried from the dinner-table, where a large party were assembled, to her bed-room. I found her reclining on two chairs, in a very nervous condition. She was forty years old, the mother of eight children, all living, the youngest five years of age. She had had no miscarriage prior to my attendance. She had seen nothing for about three months, until a slight discharge began, which had been going on for a week. Not being aware she was pregnant, it was attributed to "change of life;" but as sharp pain came on suddenly, and she felt something passing from the vagina, removal to her bed-room became necessary. I had her placed in bed and her clothes taken off. On examining the petticoats, I found a considerable quantity of clotted blood, in the midst of which was a fetus about the

twelfth week, and the placenta. A firm compress and binder were immediately applied, and a dram of liquid extract of ergot, with half a dram of aromatic spirits of ammonia, given, and ordered to be repeated every two hours if the discharge continued at all profuse. Within an hour of leaving her I received a message that the loss appeared very great. I immediately returned, when my patient was in a most unsatisfactory state; throwing her arms about, sighing, almost pulseless at the wrist; there was great hemorrhage, with complete inertia of the uterus. I plugged the vagina immediately with five soft linen handkerchiefs wet in equal parts of vinegar and ice-cold water, and administered another dose of ergot and ammonia. A practical nurse was at once obtained; and brandy, beef-tea, milk, and white of egg beat up in it, were frequently given. On leaving, at 11 P. M., she had rallied considerably, the vaginal plug having entirely prevented external loss. About 2:30 A. M. I was again summoned, and was informed that vomiting had commenced an hour before, which expelled the plug; that the bleeding was very profuse; and that they thought her dying. I certainly was startled at her condition; she was completely pulseless at the wrist, and the action of the heart was barely perceptible upon placing the ear over it. A solution was at once made of one part of strong solution of perchloride of iron with four parts of cold water; and after filling a Higginson's syringe, all air being excluded, I passed the vaginal tube well up into the uterus, slowly injecting about six ounces. Immediate contraction took place, and all discharge ceased. For several hours it was doubtful whether she could rally; but the assiduous attention of the nurse in carrying out every thing as ordered, and her admirable method of getting frequent small doses of nutrition administered, was rewarded with success; for slowly but surely improvement took place. Eighteen hours after the iron injection I gently washed the uterus out with a pint of tepid water, to which was added a tablespoonful of Cond's fluid, and repeated it night and morning for fourteen days. Some amount of febrile disturbance commenced on the third day, the highest degree of temperature being on the fifth day, when it rose to 103.6° F., after which it steadily fell. Between the third and fourth week considerable tenderness of the left femoral vein began, and threatened an attack of phlegmasia dolens; but raising the leg to the horizontal position, frequent hot applications, wrapping the whole limb in cotton wool, doses of calomel and Dover's powder at bed-time, with a purge next morning, had the effect of beating back what would otherwise have been a troublesome complication. Menstruation commenced on the 27th of January, and a thin scanty discharge went on for three days.—*J. A. Angus, M. R. C. S. E., L. S. A., in British Medical Journal.*

**Bromide of Ammonia in too frequent Menstruation.**—J. R. Black, M. D., of Ohio, speaks in exalted terms, in the Ohio Medical Record, of the effectiveness of this treatment. Its administration should begin at least a week before the expected menses, in doses of ten grains before each meal and bed-time. Syrup of orange-peel is a suitable vehicle for its administration. As a precautionary measure, the medicine should be taken before two or three subsequent and consecutive periods to prevent the possible reappearance of the abnormal issue. Iron and quinine we find to be our surest treatment for this menstrual disorder.

**The Effects of Tobacco.**—My own experience of the evil effects of great tobacco smoking and chewing is that these are among the most prevalent causes of chronic diseases in the male sex. Of course I do not mean for one moment to compare the dangers caused by the use of tobacco with those we are so familiar with at the bedside, in cases of diseases caused by alcohol. Tobacco does not cause cirrhosis of the liver, nor disease of the lungs and heart in the same way or with the same frequency as chronic tipping does. But there are nevertheless several well-marked diseases caused by the taking in of nicotine into the blood, whether through the absorbents of the mouth in smoking, or, more rapidly, in the case of chewing. First of all the digestive organs are often greatly impaired by the use of nicotine. The teeth are frequently blackened and the gums swollen in great smokers and chewers. Caries of the teeth is favored by the various acids produced by the burning of tobacco, and mingled with the saliva. Dusky of the fauces and relaxed sore throat are far too prevalent among smokers, as good observers have long noticed. Dyspepsia caused by nicotine is so common as to be hardly worth referring to. Diarrhea, or more frequently constipation, is induced by the use of tobacco in many instances. And I must not omit, in passing, the remark that the *male sex* who smoke are alone, with the very rarest exceptions, the subjects of epithelioma of the lip. I once saw such a case in an old Irish woman who was a constant pipe smoker.—*Dr. C. R. Drysdale, of London, in the Med. Press and Circular.*

**Cause of Sore Throat.**—The report of the epidemic at Darmstadt being concluded, allow me to make a remark as to its possible cause, one which I have not observed taken notice of in the correspondence on this singular outbreak of the disease. It is well known that women and children are in the habit of kissing pet cats and dogs, especially when these favorites are ill, with discharge from the nose, cough, and sore throat, and even use their pocket-handkerchiefs to wipe away the secretion. I have seen this done frequently. As such mistaken sympathy is exceedingly dangerous, I think a notice in the Journal to this effect would tend to its discouragement. It is a common saying, "There, the cat has got a cold; now it will go through the house;" and as this remark has been repeatedly fulfilled, it shows how careful people should be in avoiding contact with such a mode of contagion. I do not affirm that this was the way in which the disease was contracted either within or without the palace walls, but I feel sure the habit of kissing pets is a source of danger that should be widely known and prevented.—*Writer in British Med. Jour.*

**Pistol-shot Wound of Pericardium and Stomach—Partial Penetration of the Heart.**—An Arab, aged thirty, in good health, was wounded by two balls from one chamber of a pistol fired at two paces distant. One entered a finger's breadth below the tip of the xiphoid appendix to the median line; the other a centimeter to the left and below this. There was no hemorrhage. A doctor prescribed something which produced vomiting, but no blood was in the ejected matter. The patient was in a state of extreme prostration. The balls lodged within. The wounds of entrance were sealed with cotton collodion. Evening temperature, 95.5°; normal vesicular resonance; precordial region tympanitic; moist

rales; sharp pain in neighborhood of left clavicle; sensibility exaggerated in epigastric region; dyspnea thirty-nine respirations to the minute; jugulars distended. Second day temperature 101.3°; pulse 120. Third day pluro-pneumonia on left side, low down in front. Sixth day, aspirated cavity through seventh intercostal space, and one hundred and fifty grams of bloody pus withdrawn. Same operation on thirteenth day, and eight hundred grams withdrawn. Patient improved. On thirty-second day profuse bloody expectoration; forty-second day symptoms of peritonitis, which disappeared; sixty-fourth day patient left the hospital against advice of surgeon. At this time lung and heart sounds normal, and appetite fair. One hundred and one days after the accident he returned to the hospital complaining of fever in the evenings, and at times rigors; pain in gastric and liver regions; temperature at times below normal, 95.9°. One hundred and five days after injury patient died with symptoms of peritonitis. The autopsy revealed perforation of the stomach and pericardium and wound of the walls of the heart, which had cicatrized.—*Le Progrès Medical; Hosp. Gazette.*

**Congenital Anal Stricture and Abnormality—One Year without Movement of the Bowels.**—A male negro, aged eighteen months, was brought to Dr. Hall for his advice. Prior to the occurrence of the constipation the child had a troublesome diarrhea which was controlled by opiates and astringents, and from that time, a period of more than one year, it had been found impossible to move the bowels. The child was somewhat emaciated, and the entire length of the colon was filled with hardened feces. Dr. Hall discovered, first, a cutaneous band extending across the anal opening, from the median line, or raphe, in front of the anus, to a point just in front of coccyx posteriorly, about half an inch in width by one quarter of an inch in thickness. This did not directly obstruct the anus, but lay over it like a bridge. This was immediately cut, and Dr. Hall now found the anus so nearly closed at the external sphincter that he could only with difficulty introduce a female catheter. He then introduced forcibly the index finger of the right hand. A similar constriction was found at the internal sphincter, the sphincter feeling like a diaphragm, with a small hole in its center. Through this the finger was also passed, and the sphincter was thoroughly divulsed. The child was sent home with instructions to the mother to employ soap and water injections freely and to give cod-liver oil internally. During the succeeding four days large masses of hardened and dark-colored feces came away, which was followed by a diarrhea lasting two days, when the child's recovery was pronounced complete by the mother, and the child passed from under the doctor's observation.—*J. C. Hall, M. D., of Mississippi, in the Hospital Gazette.*

**Dialysed Iron.**—I have used about ten or twelve pounds of dialysed iron, mostly Wyeth's, and am much pleased with the results. I find it both agreeable and reliable, and for many cases prefer it to any other ferruginous preparation. I have given it to persons, with good effect, who affirmed that they "could not take iron, as it always made them sick."—*Dr. Q. C. Smith, in Pacific Med. and Surg. Jour.*

**Pruritus Pudendi.**—Dr. McCall Anderson gives the following: R Camphoræ, chloralis, aa gr. xxx (2 grams); cerat. simp., ʒj (30 grams). M.



**Beneficial Effects of Erysipelas.**—We make the following excerpts from a lecture upon erysipelas, by M. Hardy, of Paris, lately published in *L'Union Médicale*:

In certain cases, far from constituting a serious affection, erysipelas is, on the contrary, a fortunate complication, capable of determining the cure of chronic diseases which may have lasted for a long period of years. This is the case with erysipelas complicating certain chronic skin diseases. I have frequently seen erysipelas supervene in patients suffering from ulcers, and have never failed to observe to my students that this apparently grave complication was a favorable circumstance, which would tend to bring about a prompt recovery from the primary disease. In individuals affected with syphilitic ulcerations, broken down by poverty and cachexia, and in whom all specific remedies have been tried without success, cicatrization has thus been observed to occur as a sequence of an erysipelas, and to be complete in the course of a few days.

I have thus seen, in the case of a serpiginous ulcerating syphilide, an attack of erysipelas produce a cure in a week. It is especially, in cases of a special affection of the skin, remarkable for its tenacity, scrofulides, of whatever variety, erythematous, tubercular or ulcerous, that erysipelas is seen to occur as a complication of the skin disease. Not only then does the erysipelas *not present any harmful character, unless recourse be had to some ill-advised treatment*, but on the other hand it is observed to become the point of departure of an amelioration, which had been previously vainly sought by the employment of rationally indicated means. I shall cite, in support of this opinion, the case of a patient who had been for a long time under treatment in our hands for an ulcerating lupus of the cheek, an erysipelas having occurred, the sore commenced to present a remarkable modification; and, two months afterward, a new attack of erysipelas produced an almost complete cure of the ulceration; lastly, three months later, a third attack of erysipelas occurred, and left behind it a definitive cicatrization.—*Canada Jour. Med. Science.*

**An Experiment** of considerable practical interest was performed a few days ago by MM. Labbé, Bert, Preterre, Lafont, and Regnaud, for the purpose of testing the practical applications of Prof. Bert's researches on the anæsthetic properties of mixed nitrous oxide and oxygen *under tension*. A chamber with compressed air having been prepared, the experimenters entered it with a young woman of twenty, who was to be operated upon for that most painful operation, ingrowing nail. As soon as the barometer marked an increase of pressure equal to 0.17 centimeters, M. Preterre, the well-known dentist, applied the apparatus which he is in the habit of using. There was a sudden cessation of breathing which lasted about fifteen seconds. Then a long inspiration followed, and after ten seconds there was complete insensibility. Dr. Labbé now proceeded quietly and leisurely with the operation, followed by the dressing. All this took about eight minutes, during which time the patient slept quietly, with a regular pulse, and a clear rosy complexion. On waking up she immediately felt the pain, and had a sort of short hysterical fit, with crying. But she declared when it ended that she felt quite well, and very hungry, as she had not had anything yet to eat. The assistants were struck with the way in which she recovered her normal condition, as she was able to walk imme-

diately and to resume her habits. The value of this anæsthetic mixture of about eighty-five parts of nitrous oxide and fifteen of oxygen, administered *under tension*, and discovered by Professor Bert, therefore promises to be very useful and practical. With this mixture, employed in compressed air, the patient does not get blue in the face, and the natural complexion, pulse, and breathing seem to be preserved. Moreover, it is not preceded by the period of agitation which often proves so tedious and troublesome, and is not followed by the stage of reaction, which often upsets a patient for several consecutive hours.—*London Lancet, March 8.*

**Opium Asylum at Foochow—Treatment.**—Can the victim of opium smoking be rescued? It is commonly believed that so terrible is his appetite, he is beyond help and hope. The asylum at Foochow has demonstrated the falsity of this assertion. Connected with the hospital of our mission, under charge of Dr. Osgood, there is a separate building for the treatment of opium smokers, where about sixty patients are received each month. In response to an inquiry as to the method of treatment, Dr. Osgood sends the following account of his practice for the last two years, during which time about eight hundred cases have been treated:

1. The total and absolute discontinuance of the use of opium from the beginning of treatment.
2. A trusty attendant to be with the patient, day and night, for the first three days.
3. Chloral hydrate for the first three nights, if required.
4. Good food, milk, raw eggs, brandy (in some cases), chicken broth. (The above to be taken in small quantities and frequently.)
5. In diarrhea, give two-dram doses of a mixture of equal parts of tincture catechu and tincture ginger.
6. Vomiting will frequently yield to bismuth in fifteen-grain doses; and in some cases a single dose of calomel has acted like a charm. Ice would be of advantage in some cases.
7. Throughout the entire treatment it should be remembered that the patient is below par, and requires tonics. Quinine and tincture of iron have a prominent place in our list.
8. The patient should expect to suffer more or less for the first three days, and should make himself a prisoner for that time. By the fourth day there is usually marked improvement.
9. Usually by the sixth day all desire for opium is gone. The patient then requires a change of air and surroundings, and tonics for a few weeks.

The above is a rough outline of our treatment. Each case treated may require some change from the above. I believe that ninety-nine out of one hundred can be cured, if the patient has the requisite grace and grit. Out of eight hundred cases there has only been one death, and that was caused, I think, by apoplexy, and not by opium.—*Chicago Medical Journal and Examiner.*

**Mr. Bryant**, of Guy's Hospital, London, reports in the Medical Times and Gazette, a case of Undetected Vertical Fracture of Patella, with Necrosis; Suppuration in Knee-joint, and Recovery.

**A case** of death from a mixture of ether and chloroform is reported by P. J. A. Cleary, assistant surgeon U. S. A., in the Philadelphia Medical Times of March 15th.